DEPARTMENT OF THE ARMY
HEADQUARTERS, WALTER REED ARMY MEDICAL CENTER
6900 Georgia Avenue, N.W.
Washington, DC 20307-5001

WRAMC Regulation
No. 40-21

20 May 2002

Medical Services

DRUG-NUTRIENT INTERACTIONS

1. History

This is a revision of Walter Reed Army Medical Center Regulation 40-21 dated 22 March 1999.

2. Applicability

This regulation is applicable to the staff of Walter Reed Army Medical Center (WRAMC) and to serve as a reference for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

3. Purpose

The purpose of this regulation is to outline the policy and procedure for identifying and counseling patients who are taking medications that have drug-nutrient interactions.

4. References

Joint Commission on the Accreditation of Healthcare Organization Manual (current edition).

5. Responsibilities

Pharmacy personnel are responsible for identifying medications based on degree of severity and time of onset that should be included in the drug-nutrient policy. Nutrition Care Directorate, Department of Nursing, and Pharmacy Service personnel are responsible for counseling inpatients on drug-nutrient interactions.

6. Policies

In accordance with the Accreditation Manual for Hospitals, patients are educated about potential drug-food interactions, as appropriate.

7. Procedures

a. Inpatient Instructions.

(1) Clinical Dietetics personnel will identify and counsel those patients who are taking Isoniazide, Levodopa, Monoamine Oxidase Inhibitors (Phenelzine, Selegiline, Tranylcypromine), and Coumadin.

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*This regulation supersedes WRAMC Regulation 40-21, dated 22 March 1999.

Patients will be identified through the Composite Health Care System (CHCS) by way of Food Drug Interactions List (FDIL). Documentation of the instructions and patient's understanding of the counseling will be documented in the patient's medical record.

(2) Patients will be given a drug specific drug-nutrient interaction handout from the Clinical Dietetics Division.

(3) Patients with cultural, religious, or ethnic reasons for desiring to continue herbal supplementation use during their hospitalization will be handled on a case-by-case basis as identified by nursing or nutrition care personnel. Herbal supplement usage prior to admission will be documented on the Nursing Admission Form and the Initial Diet Technician Assessment form in CIS. Potential drug-nutrient interactions will be discussed and documented by the diet technician or dietitian.

(4) Pharmacy personnel will provide counseling and documentation for any medication on a consult basis. Inpatient pharmacist will instruct patients discharged on cyclosporin and calcium-channel blockers on the interaction with grapefruit juice. Grapefruit juice is not provided to our inpatient population.

b. Outpatient Instructions

(1) Pharmacy personnel will counsel outpatients who are taking the following medications: Isoniazide, Levodopa, Selegiline Eldeprye, Monoamine Oxidase Inhibitors (Phenelzine, Tranylcypromine, Selegiline), Coumadin, Didanosine, and Zidovudine. Patients will be provided with a written handout (contact Clinical Dietetics Division) or with the patient education material available through the pharmacy automated system. In addition, information on drug-nutrient interactions for drugs not listed above is provided for all new prescriptions.

(2) Pharmacy personnel will provide verbal and written counseling for all significant drug-nutrient interactions.

(3) The dispensing pharmacist will place labels on medications that require drug-nutrient interaction instructions as appropriate, to include grapefruit juice on cyclosporin and calcium-channel blockers.

(4) Outpatient's pharmacy, while counseling, will inquire about herbal supplementation use and will instruct on potential drug nutrient interactions.

c. Drug Review

(1) The list of drugs identified by drug-nutrient counseling will be reviewed every year unless a significant interaction is identified.

(2) The Pharmacy representative will review the drugs identified for drug-nutrient counseling and make recommendations regarding deletion or continuation of currently identified drugs or addition of new drugs to the list.

(3) Nutrition Care Directorate will be responsible for revisions, updates and staffing of WRAMC Reg 40-21 and Clinical Dietetics Division Drug-Nutrient Interactions Standard Operating Procedure (SOP).

The proponent agency of this publication is the Office of Nutrition Care Directorate. Send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to Commander, Walter Reed Army Medical Center, ATTN: MCHL-F, 6900 Georgia Avenue, N.W., Washington, DC 20307-5001.

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